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CONFIRMATION NO. 8664

SERIAL NUMBER 10/053,462	FILING DATE 11/08/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. A01P1083
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APPLICANTS

Laurence S. Sloman, West Hollywood, CA;

Verified KDM

** CONTINUING DATA *****

none KDM

** FOREIGN APPLICATIONS *****

none KDM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	5	20	4
Examiner's Signature <i>Kurt Muller KDM</i> Initials				

ADDRESS

36802
PACESETTER, INC.
15900 VALLEY VIEW COURT
SYLMAR, CA
91392-9221

TITLE

Patient state information in cardiac stimulation device parameters

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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ADDRESS PACESETTER, INC. 15900 Valley View Court Sylmar, CA 91392-9221					
TITLE Patient state information in cardiac stimulation device parameters					
FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		